



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# 2022 COMPREHENSIVE PLAN FOR PREVENTING AND REDUCING UNDERAGE DRINKING

Approved by ICCPUD Principals on April 6, 2022



US Department of Health & Human Services

ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

Administration for Children & Families



Centers for Disease Control and Prevention



Indian Health Service



National Institute on Alcohol Abuse and Alcoholism

National Institute on Alcohol Abuse and Alcoholism



National Institute on Drug Abuse  
Advancing Addiction Science

National Institute on Drug Abuse



Agency for Healthcare Research and Quality

**OASH** Office of Population Affairs

Office of Population Affairs



Office of Assistant Secretary for Planning and Evaluation



Office of the Surgeon General

**SAMHSA**

Substance Abuse and Mental Health Services Administration



Federal Trade Commission



US Department of Defense



US Department of Education



US Department of Justice



US Department of Transportation



US Department of the Treasury



Office of National Drug Control Policy



US Department of Homeland Security

**ICCPUD**

**THE INTERAGENCY COORDINATING COMMITTEE  
ON THE PREVENTION OF UNDERAGE DRINKING (ICCPUD)**

# **Preventing and Reducing Underage Drinking**

## **2022 Comprehensive Plan**

*Interagency Coordinating Committee on the Prevention and Reduction  
of Underage Drinking (ICCPUD)*

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## Introduction and Background

This 2022 Comprehensive Plan builds upon and expands the 2018 Comprehensive Plan adopted by the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD).

In 2004, Congress directed the Secretary of the U.S. Department of Health and Human Services (HHS) to establish an interagency committee to coordinate all federal agency activities related to the problem of underage drinking. Known as the ICCPUD, this committee's role was formalized in the 2006 Sober Truth on Preventing Underage Drinking (STOP) Act, which was reauthorized in 2016 as part of the 21st Century Cures Act.

The STOP Act expresses the sense of Congress:

*A multi-faceted effort is needed to more successfully address the problem of underage drinking in the United States. A coordinated approach to prevention, intervention, treatment, enforcement, and research is key to making progress. This Act recognizes the need for a focused national effort, and addresses particulars of the Federal portion of that effort, as well as Federal support for State activities.*

## ICCPUD Statutory Duties and Activities

The STOP Act tasks the ICCPUD to “guide policy and program development across the Federal Government with respect to underage drinking” and to actively consult with all appropriate and interested parties, including the states. The STOP Act also requires the ICCPUD to:

- Produce annual reports to Congress on underage drinking-related data and activities at the national and state level, which include the Report to Congress on the Prevention and Reduction of Underage Drinking, State Performance & Best Practices Report, and the State Reports (collectively, the Reports).
- Fund and oversee the production, broadcasting, and evaluation of the national adult-oriented media public service campaign and provide an annual report to Congress on the effectiveness of the campaign in reducing underage drinking, the need for and likely effectiveness of an expanded campaign, and the feasibility and likely effectiveness of a national youth-focused media campaign to combat underage drinking.
- Administer grants to community-based coalitions to prevent underage drinking.

In response to Congress' mandate, the Secretary of HHS directed the Substance Abuse and Mental Health Services Administration (SAMHSA) to convene the ICCPUD and serve as the lead agency. The ICCPUD is comprised of 17 federal officials (known as “Principals”), some of whom have delegated participation to specific agencies and/or staff (see Appendix A for a complete list). The ICCPUD principals meet periodically to discuss the status of underage drinking prevention efforts and to set the direction for future ICCPUD activities.

Each ICCPUD agency is also represented by staff members (known as “ICCPUD staff representatives”) who meet monthly and are engaged in developing and implementing the federally coordinated approach to combating underage drinking, which includes the STOP Act- mandated annual reports to Congress and the national media campaign. As is described in more detail below, ICCPUD staff representatives from selected agencies participate in a Data Committee to provide review of reports that incorporate federal survey data.

In addition, the ICCPUD is developing an Advisory Committee made up of federal and non- federal subject matter experts on underage alcohol use to provide guidance to the ICCPUD. The Advisory

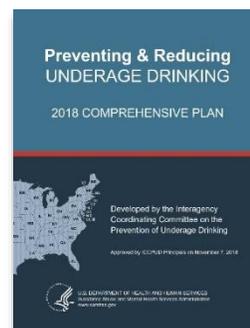
Committee will have a Technical Review Subcommittee to help develop evidence- based policies, programs, and practices, as described below.

In keeping with the STOP Act’s language calling for a multi-faceted, coordinated approach, the ICCPUD has developed consensus recommendations for its federal agency members as well as for states, public health groups, the alcohol industry, law enforcement, schools, parents, and other key players in underage drinking prevention and reduction.

## The 2018 Comprehensive Plan

Plan for preventing and reducing underage drinking. The plan represented consensus by ICCPUD members on three overarching goals with supporting objectives, as well as on three specific targets for 2021. The three goals were:

- 1. Strengthen a national commitment to address the problem of underage drinking.**
- 2. Reduce demand for, the availability of, and access to alcohol by persons under the age of 21.**
- 3. Use research, evaluation, and scientific surveillance to improve the effectiveness of policies and programs designed to prevent and reduce underage drinking.**



## The 2022 Comprehensive Plan

The year 2020, with the COVID-19 pandemic, presented an unprecedented series of challenges for young people in the U.S. Schools, colleges and universities were closed or held only virtual instruction for part or all of the year; in-person contact and socializing was abruptly curtailed, and many families faced severe economic hardship. Research has shown emotional distress among young people as a result of COVID-19 and its effects (Shanahan, 2020). Although comprehensive data on alcohol consumption prevalence during 2020 is not yet available, initial research indicates that adult alcohol consumption has increased during the pandemic (Pollard, 2020), which may be accompanied by an increase in underage consumption.

Against this backdrop of extraordinary circumstances, the ICCPUD has updated and refined its approach, set forth in this 2022 Comprehensive Plan. While the three goals and their objectives remain nearly the same, a few minor changes were made to better reflect current policies, programs, and practices. This new plan describes progress toward the goals, recommends expanded ICCPUD actions, and identifies proposals for further ICCPUD consideration. In addition, this plan provides an update of progress on the three 2021 targets, as described below.

## Comprehensive Plan Targets

The 2018 Comprehensive Plan included three 2021 targets for underage drinking reduction, involving reductions in the rates of alcohol use and binge drinking and an increase in the age of initiation of alcohol use. The 2022 Comprehensive Plan retains these targets. It is important to note that data for 2021 is not yet available; the most recent available



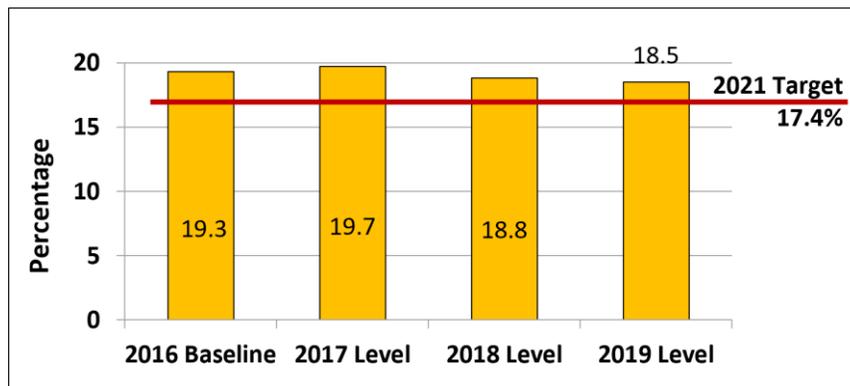
data is for 2019, as indicated below. Data showing whether the 2021 targets have been met will be available in 2023.

While the ICCPUD does not directly affect these measures, the measures serve as key indicators of the overall state of underage drinking and the direction of trends. These measures, together with more detailed data included in the annual reports to Congress, can provide useful insight on the effectiveness of the current national and state approach to preventing and reducing underage drinking.

Each target is described below, together with a chart showing progress toward meeting it. As the charts make clear, while none of the targets have yet been met, the trends are moving in the right direction.

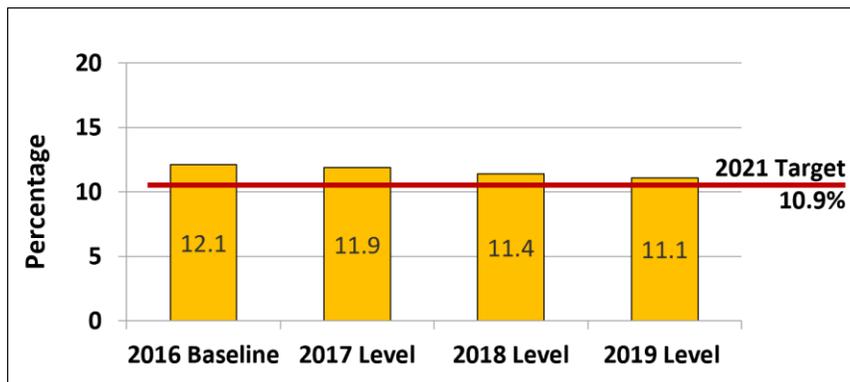
**2021 Target 1:** By 2021, reduce the prevalence of past-month alcohol use by 12-to 20-year-olds to 17.4 percent compared with the 2016 baseline of 19.3 percent (a reduction of 10 percent).

*2019 Prevalence of Past-Month Alcohol Use Compared with 2016 Baseline and 2021 Target: NSDUH, 2019 (CBHSQ, 2020)*



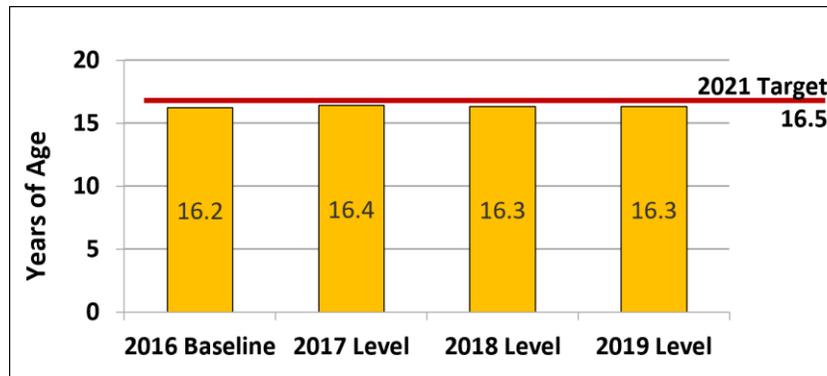
**2021 Target 2:** By 2021, reduce the prevalence of 12-to 20-year-olds reporting binge alcohol use in the past 30 days to 10.9 percent compared with the 2016 baseline of 12.1 percent (a reduction of 10 percent).

*2019 Prevalence of Past-Month Binge Alcohol Use Compared With 2016 Baseline and 2021 Target: NSDUH, 2019 (CBHSQ, 2020)*



**2021 Target 3:** By 2021, increase the average age of first use of alcohol among those who begin drinking before age 21 to 16.5 years of age compared with the 2016 baseline of 16.2 years of age (an increase of 2 percent).

***2019 Average Age of First Alcohol Use Among Those Who Begin Drinking Before Age 21 Compared With 2016 Baseline and 2021 Target: NSDUH, 2018 (CBHSQ, 2020)***



## Comprehensive Plan Goals

### GOAL 1: Strengthen a national commitment to address the problem of underage drinking

**Objective 1:** Increase awareness of underage drinking and its negative consequences, enhance broad-based support for strategies to prevent and reduce underage drinking, and strengthen leadership in all sectors of society aimed at addressing the problem.

**Objective 2:** Increase cooperation, coordination, and collaboration among private entities and all levels of government; encourage their participation in, and provide support to, programs and projects that address the reduction of underage drinking.

#### Progress to Date (2018-2020 Activities):

- Convened a meeting of national stakeholders in August 2019 to provide input on the reports to Congress and related topics.
- Held a community engagement workshop in October 2019 for over 300 state prevention staff, community coalition leaders, and others interested in underage drinking prevention.
- Continued evaluation and development of “Talk. They Hear You.”, the national media campaign aimed at parents and caregivers of underage youth.
- Provided accurate, comprehensive, and current information in 2019 and 2020 reports to Congress. Expanded the scope of the reports to include strategies that examine the issue of underage drinking from several relevant perspectives, as required by the STOP Act,



including prevention, intervention, treatment, enforcement, and research.

- Developed a graphic model (see graphic below) that illustrates the multi-faceted approach required to address underage drinking, as described in the STOP Act.



**Recommendations for New Activities:**

- Consistently utilize graphic model illustrating multi-faceted approach across agencies.
- Organize and display data in the Reports in a way that is accessible to both policymakers and the public. Improve the ICCPUD website so that all previous Reports to Congress are easily accessible and searchable. Make the data from each report interactive so that policymakers, researchers, and the public can compare data across a subset of states or a subset of policies.
- Foster collaboration, coordination, and communication across various federal, state, and local organizations and individuals by promoting relationships with various partners at different levels of government and from the community. Partners may include professional organizations, healthcare systems, health care providers, researchers, local coalitions, and policymakers.



## Topics for ICCPUD Consideration

- Encourage the pairing of science and practice on underage drinking topics and enable researchers to work directly with practitioners on projects. One potential method is awarding grants for policy-to-practice activities. ICCPUD agencies could consider developing such programs or modifying existing grant programs.
- Create opportunities and implement mechanisms that allow for cross-agency promotion of promising programs and interventions. These collaborations can incorporate Healthy People 2030 goals on alcohol consumption as well as NIAAA and NIDA research agendas. Potential areas for collaboration may include:
  - Promoting the practice of obtaining drinking history in acute care settings for adults and youth to improve research on the role of alcohol and morbidity.
  - Promoting more widespread implementation of Screening and Brief Intervention (SBI) and e-SBI.
  - Craft mechanisms that will enable federal agencies to fund researchers during crises (such as future pandemics, natural disasters, or other such physical and psychological stressful events) to assess the impact of such events on underage drinking trends.
  - Collect baseline alcohol pricing data.

## **GOAL 2: Reduce demand for, the availability of, and access to alcohol by persons under the age of 21**

**Objective 1:** Reduce use of alcohol by those under the age of 21 by increasing awareness of the negative consequences of underage drinking and the importance of positive parental modeling, by providing

resistance skills training, by reducing the social acceptance of underage drinking, and by increasing community support to reduce risk factors and promote protective factors.

**Objective 2:** Reduce access to alcohol by those under age 21 and strengthen accountability by enforcing underage drinking laws.

**Objective 3:** Provide opportunities for screening and early identification of alcohol use disorders and brief interventions or treatment as appropriate across multiple settings<sup>1</sup>.

### **Progress to Date (2018-2020 Activities):**

- Continued refinement and enhanced dissemination of the Reports, which include:
  - Enforcement data from the STOP Act State Survey to assist states in enhancing enforcement efforts.
  - Information on best practices and evidence-based legal policies.
  - CollegeAIM information about effective campus-based prevention strategies.
- Expanded and developed additional state partnerships to promote and disseminate “Talk. They Hear You.” Campaign.

### **Recommendations for New Activities:**

- Address the potential impacts on underage access to alcohol that may result from recent changes in alcohol retail regulations. These changes include the U.S. Supreme Court’s 2019 ruling in *Tennessee Wine and Spirits Retailers Association v. Thomas* and the loosening of alcohol home delivery and carry-out restrictions during the COVID-19 pandemic. Expand the tracking of policies regulating direct-to-consumer retail sale of alcohol in the Reports.
- Develop a messaging strategy that frames prevention and reduction of alcohol use as an effective way to promote overall health and wellness for adults and young people. The strategy should identify and describe health benefits of avoiding alcohol use.
- Support integrated substance and mental health services for adolescents through student assistance.

### **Topics for ICCPUD Consideration**

Intervention and treatment are vitally important ways of reducing youth access to alcohol but have not been discussed in depth in the reports to Congress. Data and general information on intervention and treatment in the reports need to be expanded. Potential ways of doing so may include:

- **Intervention:** Intervention methods and policies are singularly lacking not only from the Reports to Congress but from the national conversation on underage alcohol use overall. ICCPUD could play a key role in highlighting effective intervention strategies.

For example, ICCPUD could consider working with the National Mental Health and Substance Use Policy Laboratory to provide input on creating a database of interventions hosted on the [STOPAlcoholabuse.gov](https://stopalcoholabuse.gov) webpage, similar to the NCI

Planet RTIPS effort (<https://rtips.cancer.gov/rtips/index.do>) that provides an assessment of each program.

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<sup>1</sup> The language “across multiple settings” was added in the 2022 Comprehensive Plan.

- **Treatment:** Data on treatment could be discussed more robustly in the reports. Information is potentially available from reports and databases found within the Behavioral Health Services Information Systems (previously the Drug and Alcohol Services Information System (DASIS)).

Data from the Inventory of Behavioral Health Services (I-BHS) and the National Survey of Substance Abuse Treatment Services (NSSATS) identifies number of treatment facilities with alcohol-related treatment programs appropriate for individuals under 21. Data such as number of adolescent clients served, and selected outcomes are also potentially available from these Center for Behavioral Health Quality and Statistics (CBHSQ) data sets.

**GOAL 3: Use research, evaluation, and scientific surveillance to improve the effectiveness of policies, programs, and practices designed to prevent and reduce underage drinking.**

**Objective 1:** Increase knowledge of effective approaches to prevent and reduce underage drinking and its consequences, including the use of evidence-based policies, programs, and practices.

**Objective 2:** Increase scientific surveillance of underage drinking, contributing factors, and consequences.

**Progress to Date (2018-2020 Activities):**

- The **State Performance & Best Practices (SPBP) Report** has been reorganized to better highlight policies, programs, and practices related to treatment and enforcement, in addition to prevention. The ICCPUD representatives have met to discuss expanding and further developing these sections.
- A process is underway to develop consensus across the field on methods for assessing and rating the extent to which policies for the prevention and reduction of underage drinking have been shown to be “evidence-based.” The ICCPUD Advisory Committee’s Technical Review Subcommittee for the review and adoption of evidence-based policies, programs, and practices is planned to convene in 2021 or 2022. Meetings will
- occur annually for continuing review and adoption of policies, programs, and practices for inclusion into the State Performance & Best Practices Report. The ICCPUD Advisory Committee’s Charter is attached as Appendix B and the Technical Review Subcommittee’s Proposed Approach is attached as Appendix C.
- The ICCPUD Data Committee, responsible for reviewing the Report to Congress and other ICCPUD publications that incorporate data from federally sponsored sources, has been formalized. Its Membership and Responsibilities are included as Appendix D.



**Recommendations for New Activities:**

- Assess existing national surveys and datasets across the agencies to identify variables of interest related to underage alcohol prevention, intervention, treatment, enforcement, and research, and incorporate selected data into the annual reports to Congress.
- Update the Survey of State Underage Drinking Prevention Policies, Programs, and Practices (i.e., the “State Survey” or the “Governor’s Survey”) to better reflect key gaps in state data on alcohol sales, pricing, programs, and policies. Potential questions to be added may include:

- Are states tracking and monitoring unlicensed alcohol shipments? And, if so, does it include data on the age of the recipient of the alcohol or the type of alcohol and quantity so that lost revenue from evasion of taxes may be estimated?
- Are states documenting alcohol prices based on alcohol by volume, container size, beverage type, or brand, and what additional data is available on alcohol sales, pricing, programs, and policies?
- Has the state relaxed shipment and delivery policies and enforcement efforts during the COVID 19 pandemic?
- Are states collecting data on Place of Last Drink?
- Do state or local jurisdictions or state institutions have processes to buy back alcohol licenses? And if so, are the total number of licenses reduced or can the person still obtain a different type of license or move the outlet to another areas? (The latter may occur if a state bought back a license for an outlet near a college campus to reduce alcohol outlet density surrounding that campus).
- What adult-oriented alcohol programs and policies are in place in each state?
- Does each state have a strategic plan that includes the prevention of excessive alcohol use? If so, does it include evidence-based strategies for preventing excessive drinking by adults in addition to youth?
- What data is available on state underage treatment, intervention, and recovery programs?
- What additional data is available on the specific youth populations served by prevention and other state programs?
- What data is available to address the influence of adult drinking on underage consumption of alcohol, including data on state adult-oriented prevention, intervention, treatment, enforcement, and recovery efforts?
- Continue planning and support of the ICCPUD Advisory Committee’s work, including conducting literature reviews, summarizing evidence, providing ratings, and providing a measure of overall effectiveness.
- Continue development of the SPBP Report in conjunction with the work of the ICCPUD Advisory Committee, to include guidance on which policies and strategies for prevention, intervention, treatment, enforcement, and research are evidence-based.
- Collect, maintain, and display better state data on alcohol sales, pricing, programs, and policies across the U.S. Encourage states to further track, monitor, and record data on alcohol sales, pricing (including alcohol by volume, brand, and price), programs, and policies within their states.
- Create an ICCPUD research agenda agreed upon by each of the federal agencies with specific funding set aside for investigators to study the identified content areas. Agencies could agree to fund cross-agency collaborative research on specific topics from the ICCPUD research agenda. Potential research items from the ICCPUD research agenda may include assessments of:
  - Screening and Brief Interventions (SBI) effectiveness for adolescent alcohol use; effectiveness for drugs other than alcohol.

- Changes in access and availability of alcohol and associations with excessive alcohol use – e.g., online alcohol sales to adults and youth; home delivery of alcohol; and take-out or curbside delivery of alcohol.
- Youth exposure to digital forms of alcohol marketing, such as on the Internet and social media – e.g., effects on drinking initiation, and frequency and intensity of drinking; other research gaps identified in sources such as Noel, et al. (2020).
- Associations between child and adult drinking, using **National Survey on Drug Use and Health (NSDUH)** data.
- Monthly per capita alcohol sales surveillance data.
- Community groups or coalitions – e.g., how these groups can play a role in effectively reducing underage drinking; how these groups can effectively help raise awareness and educate about the public health problem of excessive drinking, including underage drinking.

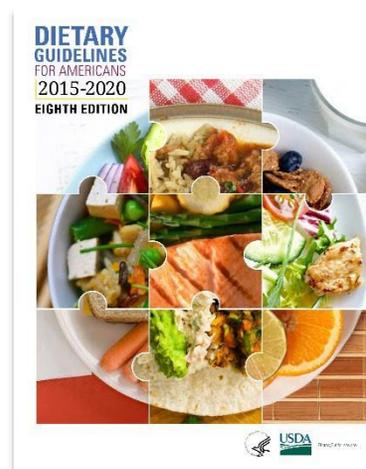


### Topics for ICCPUD Consideration

- Provide guidance and support to the ICCPUD Advisory Committee, government agencies, and states on the identification of “evidence-based” policies, programs, and practices. The ICCPUD could look to existing frameworks for conducting systematic reviews and meta-analysis and assessing the strength of provided evidence. The ICCPUD could also rely upon existing evaluations of the implementation of environmental strategies. Potential sources and references could include:
  - Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA; Moher et al., 2009)
  - Agency for Healthcare Research and Quality (AHRQ) (Methods Guide for Effectiveness and Comparative Effectiveness Reviews, 2008)
  - AHRQ Evidence-Based Practice Centers
  - Enforcing Underage Drinking Laws Field-Initiated Research and Evaluation (FIRE) Program, Identifying Effective Environmental Strategies: Final Technical Report. <https://www.ncjrs.gov/pdffiles1/ojdp/grants/250492.pdf>
  - Alcohol Policy Scoring methods developed by Tim Naimi, Jason Blanchette, and other scholars (Naimi et al., 2014).
  - Consider adding additional legal policies to the Reports to Congress. These could include:
    - Adult dram shop liability – (e.g., holding retailers accountable for harms of serving intoxicated patrons). This would include specific provisions of Dram Shop laws such as evidentiary requirements, penalty caps, the exclusion of adults, or other major limitations.
    - State licensing requirements for third party vendors delivering alcohol to homes.
    - Alcohol outlet density more broadly than currently tracked in the reports to Congress (which only include distance limitations applied to new outlets near universities, colleges,

and primary and secondary schools.) This could include local authority to regulate alcohol outlet density (i.e., state preemption laws related to alcohol licensure).

- Consider adding additional state performance measures, including:
  - Underage high intensity binge drinking.
  - Underage simultaneous use of alcohol and drugs.
  - Underage perception of alcohol availability.
  - Prevalence and intensity of alcohol use among young adult cohorts.
  - Adult binge drinking.
- Adult compliance with **The Dietary Guidelines for Americans** regarding alcohol.
- Alcohol-related deaths among all age groups.
- Number of treatment facilities with alcohol-related treatment programs appropriate for individuals under 21.
- Number of adolescent clients served in alcohol treatment programs, and selected outcomes.
- Enforcement measures developed for underage drinking prevention within each state, possibly by utilizing the **Alcohol Policy Scoring** methods developed by Naimi et al. (2014).



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## APPENDIX A

### ICCPUD Membership

The ICCPUD is comprised of 17 federal officials, some of whom have delegated participation to specific agencies and/or staff. These include:

1. The Secretary of Health and Human Services
2. The Secretary of Education
3. The Attorney General
4. The Secretary of Transportation
5. The Secretary of the Treasury
6. The Secretary of Defense
7. The Assistant Secretary for Mental Health and Substance use
8. The Assistant Secretary for Children and Families
9. The Surgeon General
10. The Director of the Centers for Disease Control and Prevention
11. The Director of the National Institute on Alcohol Abuse and Alcoholism
12. The Director of the National Institute on Drug Abuse
13. The Director of the Office of National Drug Control Policy
14. The Administrator of the National Highway Traffic Safety Administration
15. The Administrator of the Office of Juvenile Justice and Delinquency Prevention, and
16. The Chairman of the Federal Trade Commission.
17. Director of the Agency for Healthcare Research and Quality



## **APPENDIX B**

### **ICCPUD Advisory Committee on the Prevention and Reduction of Underage Drinking – Charter**

#### **Authority**

In 2004, Congress directed the Secretary of the U.S. Department of Health and Human Services (HHS) to establish an interagency committee to coordinate all federal agency activities related to the problem of underage drinking. Known as the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD), this committee's role was formalized in the 2006 Sober Truth on Preventing Underage Drinking (STOP) Act (P.L. 109-422), which was reauthorized in 2016 as part of the 21st Century Cures Act (P.L. 114-255). The ICCPUD Advisory Committee on the Prevention and Reduction of Underage Drinking and the ICCPUD Technical Review Subcommittee are being established in accordance with the provisions of the Federal Advisory Committee Act (FACA), as amended, 5 U.S.C., App.

#### **Committee Objective and Scope of Activities**

It shall be the function of the ICCPUD Advisory Committee on the Prevention and Reduction of Underage Drinking (henceforth, the "Committee") to advise the Associate Administrator for Alcohol Prevention and Treatment Policy and serve as a continuing workgroup providing recommendations to the ICCPUD concerning the review and adoption of evidence-based policies, programs, and practices across the federal government, states, tribes, and

territories. This specifically includes provision of feedback on assumptions, methods, research, and presentations related to policies, programs, and practices for the federally coordinated approach to preventing and reducing underage drinking, as well as the STOP Act reports to Congress and the adult-oriented national media campaign. The Committee will oversee stakeholder engagement, and the Technical Review Subcommittee activities which are required of the ICCPUD by the STOP Act.

#### **Committee Description of Duties**

Specifically, the Committee's duties shall include, but not be limited to:

- Identifying and providing recommendations to the ICCPUD on policies, programs, and practices related to underage drinking. These may include recommendations for improving federal programs for the prevention and treatment of, and recovery from, alcohol use disorders stemming from underage drinking.
- Identifying areas for improved coordination of activities, if any, related to underage drinking, including research, services, supports, prevention, intervention, treatment, recovery, and enforcement activities across all relevant federal agencies.
- Monitoring data, research, consumption patterns and consequences of and from underage drinking including state performance measures, surveillance data, data from national datasets and surveys, and evidence-based practices to prevent and reduce underage drinking and provide treatment services to those youth who need them and identifying areas where future inquiries are indicated.
- Holding annual Stakeholder Meetings to actively seek the input of and to consult all appropriate and interested parties, including states and tribes, public health research and

interest groups, foundations, and alcohol beverage industry trade associations and companies.

- Making recommendations to the ICCPUD regarding stakeholder participation in decisions relating to underage drinking and the process by which stakeholder feedback can be better integrated into such decisions.

### **Agency or Official to Whom the Committee Reports**

The Committee should provide advice and recommendations to the ICCPUD, through the Associate Administrator for Alcohol Prevention and Treatment Policy.

### **Support for the Committee**

The Designated Federal Officer, at the direction of the Associate Administrator for Alcohol Prevention and Treatment Policy, shall provide management and support services to the Committee.

### **Estimated Annual Operating Costs and Staff Years**

Estimated annual fiscal year costs to operate the advisory committee:

In dollars           \$204,015

In staff years     0.15 years

### **Designated Federal Officer**

A full-time or permanent part-time employee, appointed in accordance with agency procedures, shall serve as the Designated Federal Officer (DFO) or as the DFO's designee. The DFO and the Committee shall report to the Associate Administrator for Alcohol Prevention and Treatment Policy. The DFO will approve or call all the Committee and subcommittee meetings, prepare and approve all meeting agendas, attend all Committee and subcommittee meetings, adjourn any meeting when the DFO determines adjournment to be in the public interest, and chair meetings when directed to do so by the Associate Administrator for Alcohol Prevention and Treatment Policy.

### **Estimated Number and Frequency of Meetings of the Committee**

The first meeting will be held in 2021 or 2022 as the inaugural meeting to establish the Committee. After that, the Committee shall meet approximately three to four times per year, and not less than once per year, at the call of the Associate Administrator for Alcohol Prevention and Treatment Policy in consultation with the Committee Chair. In future years, meetings may be held in-person or virtually.

Meetings shall be open to the public except as determined otherwise by the Associate Administrator for Alcohol Prevention and Treatment or a designee in accordance with the Government in the Sunshine Act (5 U.S.C. 552b(c)) and Section 10(d) of the Federal Advisory Committee Act. Notice of all meetings shall be given to the public. Meetings shall be conducted, and records of the proceedings kept, as required by the applicable laws and departmental regulations.

### **Duration of the Committee**

The ICCPUD will review the charter and specific approach and procedures of the Committee every five years from the date when this charter is filed, and update or amend, as necessary.

### **Membership and Designation of Committee**

The Committee shall consist of sixteen non-federal members recommended by the lead agency representative, or designee, and approved by the Associate Administrator for Alcohol Prevention and Treatment Policy who are national subject matter experts and federal experts in underage drinking

prevention, intervention, treatment, recovery, enforcement and research or any other area related to underage drinking that could inform and substantively contribute to Committee deliberations. Of these:

- At least two members will be directors of state liquor agencies, state alcohol law enforcement with extensive experience in interacting with individuals engaged in underage drinking or adults who encourage or facilitate underage drinking, or state alcohol and other drug abuse prevention representatives;
- At least two members will be representatives of leading research, legal, advocacy, service, or industry organizations or foundations related to underage drinking;
- At least two members will be from academic settings with research related to underage drinking or have extensive alcohol policy expertise;
- At least two members will be from the medical community and have experience in performing Screening and Brief Interventions or in treating underage individuals with alcohol use disorders;
- At least two members will be from public health research or interest groups;
- At least one member will be a representative of a state or local coalition who works to prevent or reduce underage drinking;
- At least one member will be a substance use disorder treatment professional who provides treatment services to underage individuals with alcohol use disorders;
- At least one member will be a professional who has research or clinical experience in working with racial and ethnic minority populations;
- At least one member will be a professional who has research or clinical experience in working with medically underserved populations.
- Representatives from the following relevant federal agencies will serve as ex-officio members:
  - The Substance Abuse and Mental Health Services Administration;
  - The Centers for Disease Control and Prevention;
  - The National Institute on Alcohol Abuse and Alcoholism;
  - The National Institute on Drug Abuse;
  - The Administration for Children and Families;
  - The Department of Defense;
  - The Federal Trade Commission;
  - The National Highway Traffic Safety Administration;
  - The Indian Health Service.

Additional representatives from relevant federal agencies may be asked to serve as ex-officio members as decided by the Assistant Secretary for Mental Health and Substance Use, or, if delegated, the Associate Administrator for Alcohol Prevention and Treatment Policy. Potential conflicts of interest will be addressed as described under “Committee Guiding Principles.” The Assistant Secretary for Mental Health and Substance Use or, if delegated, the Associate Administrator for Alcohol Prevention and Treatment Policy, shall appoint one of the members to serve as Committee Chair to help facilitate discussion and build consensus.

Members are appointed for three years but terms may be renewed. However, half of the initial sixteen members will have four-year terms to maintain consistency moving forward. Any member appointed to fill a vacancy occurring prior to the expiration of the term for which their predecessor was appointed shall be appointed only for the remainder of such term. A member may serve 180 days after the expiration of that member's term if a successor has not been appointed.

### **Subcommittees of Committee**

The Committee will have a subcommittee known as the ICCPUD Technical Review Subcommittee on the Prevention and Reduction of Underage Drinking (henceforth, the "Technical Review Subcommittee"). The Technical Review Subcommittee's duties shall include, but not be limited to, providing input and guidance on the following five topics:

- The appropriate definitions and methods to evaluate and assess the strength and quality of evidence for selected policies, programs, and practices directed at underage drinking;
- A review of the legal policies for inclusion in the State Performance and Best Practices Report (SPBP) to determine their efficacy and rank them in order of effectiveness;
- A review of the data presented in the state performance measures, with suggestions for future measures;
- A review of the questions asked, and the data gathered, in the **Survey of State Underage Drinking Prevention Policies, Programs, and Practices** (i.e., the "*State Survey*" or the "*Governors Survey*");
- A review of the content, production, and evaluation of the national adult-oriented media campaign to combat underage drinking – "Talk. They Hear You.", and the feasibility of a youth-oriented media campaign.

The Technical Review Subcommittee shall consist of up to eight of the sixteen members who sit on the Committee. The Associate Administrator for Alcohol Prevention and Treatment Policy shall appoint one of these members to serve as Subcommittee Chair to help facilitate discussion and build consensus.

The Technical Review Subcommittee will also include seven federal ex-officio members representing the Substance Abuse and Mental Health Services Administration; the Centers for Disease Control and Prevention; the National Institute on Alcohol Abuse and Alcoholism; the National Institute on Drug Abuse; the Federal Trade Commission, the Indian Health Services, and the National Highway Traffic Safety Administration. Additional expert consultants may be included as deemed necessary by the Associate Administrator for Alcohol Prevention and Treatment Policy in consultation with the Subcommittee Chair.

The first meeting of the Technical Review Subcommittee will be held in 2021 and will consist of three 90-minute sessions which may be held on the same day or multiple days. After that, the Technical Review Subcommittee shall meet approximately three to four times per year at the call of the Associate Administrator for Alcohol Prevention and Treatment Policy in consultation with the Subcommittee Chair. In future years, meetings may be held in-person or virtually.

Other subcommittees and ad hoc subcommittees and working groups may be established with the approval of the Associate Administrator for Alcohol Prevention and Treatment Policy or designee to address specific issues and to provide the Committee with background study and proposals for consideration and action. The subcommittees shall make their recommendations to the parent Committee for deliberation. Timely notification of the subcommittees, including membership, shall be made in writing to the lead agency representative.

**Recordkeeping of Committee**

Meetings of the Committee and its subcommittees will be conducted according to the Federal Advisory Committee Act, other applicable laws, and Departmental policies. Committee and subcommittee records will be handled in accordance with General Records Schedule 6.2 Federal Advisory Records or other approved agency records disposition schedule. These records will be available for public inspection and copying, subject to the Freedom of Information Act, 5 U.S.C. 552.

**Filing Date**

This charter was approved on \_\_\_\_\_, 2021

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX C

### ICCPUD Technical Review Subcommittee on the Prevention and Reduction of Underage Drinking – Proposed Approach

As stated in the ICCPUD Advisory Committee to Reduce Underage Drinking Charter, the Technical Review Subcommittee's (hereinafter, Subcommittee's) duties shall include, but not be limited to, providing input and guidance on five topic areas. This document provides a proposed approach for the Subcommittee for addressing each of those topic areas.

- 1. Provide input and guidance on the appropriate definitions and methods to use to evaluate and assess the strength and quality of evidence for selected policies, programs, and practices directed at underage drinking.*

The Subcommittee will discuss different types of criteria to use when evaluating and assessing the strength and quality of evidence to arrive at a recommendation for each policy, program, and practice directed at underage drinking. The recommendations may include, but not be limited to:

- Level of Evidence – The Subcommittee will ascertain whether the underage drinking policy, program, or practice is evidence-based and, if so, what that means. For example, the Subcommittee may find that a policy, program, or practice is evidence-based, is promising but with currently little or mixed evidence, or is supported by evidence but ineffective if used in isolation. Multiple paradigms can be used, including but not limited to: Means et al.'s (2015) Evidentiary Criteria for Comparing Rating Paradigms for Evidence-Based Program Registers in Behavioral Health; Khan et al.'s (2003) Five Steps to Conducting a Systematic Review; and PRISMA.
- Type of Evidence – The Subcommittee will discuss what type of research supports the policy, program, or practice and where the research was published. For example, are the findings based on a systematic review, a meta-analysis, or an individual journal article and was it published in a credible peer-reviewed journal, as a recommendation from the Community Preventive Services Task Force, or somewhere else.
- Reach – The Subcommittee will evaluate who are the intended and actual target(s) and whether the policy, program, or practice is aimed at the population-level or the individual-level.
- Cost – The Subcommittee will assess the cost to implement the policy, program, or practice and perform a cost-benefit analysis to determine the return on investing in such a policy, program, or practice.
- Resource Needs – The Subcommittee will discuss the time, facilities, infrastructure, or other resources necessary to implement the policy, program, or practice.
- Implementation Fidelity – The Subcommittee will examine the extent of fidelity of the research – meaning the extent to which it is feasible for a policy, program, or practice to be implemented – and the likelihood of sustainability and replication due to costs and other considerations. This also includes adherence to an intervention; exposure or dose; quality of delivery; participant responsiveness; and program differentiation details. Spencer, et al., (2013) provides a potential conceptual framework for planning and improving evidence-based practices.

Each of the criteria would be defined and refined with the result being an approach for assessing any underage drinking policy, program, or practice to provide a multi-dimensional rating. For example, a policy, program, or practice may be evidence-based, yet not be recommended if it is complex and costly to implement. On the other hand, it may be recommended even if direct evidence is currently unavailable because it can be widely disseminated in a cost-effective manner. Suggestions for ongoing assessment would be appropriate in that case.

**2. *Review the legal policies currently included in the State Performance & Best Practices Report (SPBP) to determine their efficacy and rank them in order of effectiveness.***

After having a rating system and assessment approach in place, the Subcommittee will establish smaller working groups to assess the legal policies in the SPBP against the agreed-upon evaluation criteria to determine a rating for each policy with the result being a completed version of the matrix shown in Table 1. Matrix to Review the Efficacy and Effectiveness of Legal Policies in the SPBP on the following page.

Next, the Subcommittee will discuss whether there are additional policies, including legal policies, that should be assessed and, if so, rate them using the agreed-upon evaluation criteria. One place that the Subcommittee may look for additional policies is peer-reviewed articles published in identified areas of interest.

**3. *Review the data presented in the state performance measures currently included in the SPBP, with suggestions for future measures.***

The Subcommittee will review the state performance measures currently included in the SPBP to determine whether these measures are informative and what, if any, other measures should be captured in that report. The Committee may add, remove, expand upon, or change any of the measures.

The current existing measures include:

- Percentage of 12- to 20-year-olds who used alcohol in the last month.
- Percentage of 12- to 20-year-olds who binge drank alcohol in the last month.

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**Table 1: Matrix to Review the Efficacy and Effectiveness of Legal Policies in the SPBP**

Rating Criteria	Level of evidence	Type of evidence	Reach	Cost	Resource Needs	Implementation Fidelity	Other Comments
	<i>e.g., Evidence-based; promising but little or mixed evidence; ineffective if used in isolation; Multiple paradigms proposed</i>	<i>e.g., Systematic review, meta- analysis, individual peer-reviewed publications, Community Preventive Services Task Force recommendations, other publications</i>	<i>Intended and Actual Target  Population-level or individual-level</i>	<i>Cost to implement; ROI</i>	<i>e.g., Time to implement, facilities or infrastructure, or other resources needed</i>	<i>Extent of feasibility for implementation  Likelihood of sustainability and replication</i>	
<b>Strategy</b>							
<b>Policies Addressing Underage Possession or Purchase of Alcohol</b>							
Possession by Minor							
Consumption by Minor							
Internal Possession by Minor							
Purchase or Attempt to Purchase Alcohol by Minor							
False Identification / Incentives for Retailers to Use ID Scanners or Other Technology							
<b>Policies Targeting Underage Drinking and Driving</b>							
Youth BAC Limits (Zero Tolerance)							

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Loss of Driving Privileges for Alcohol Violation by Minors (Use/Lose Law)							
Graduated Driver's Licenses							
<b>Policies Targeting Alcohol Availability</b>							
Furnishing or Sale to a Minor							
Compliance checks							
Penalty Guidelines for Violations of Furnishing Laws by Retailers							
Mandatory / Voluntary Server-Seller Training (Responsible Beverage Service Programs)							
Minimum Age for Off-Sale Server							
Minimum Age for On-Sale Server							
Outlet Siting Near Schools							
Dram-Shop Liability							
Social-Host Liability							
Hosting Underage Drinking Parties							

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Retailer Interstate Shipment							
Direct Sales/Shipment from Producer							
Keg Registration							
Home Delivery							
High-Proof Grain Alcoholic Beverages							
<b>Policies Affecting Alcohol Pricing</b>							
Increasing Alcohol Tax Rates							
Restrictions on Drink Specials							
Wholesaler Pricing Provisions							
Minimum Pricing							

- Percentage of 12- to 17-year-olds who perceive drinking five or more alcoholic beverages once or twice a week as not a great risk.
- Percentage of 12- to 17-year-olds meeting the criteria for a Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)<sup>42</sup> alcohol use disorder in the past year.
- Percentage of 12- to 17-year-olds needing but not receiving treatment for an alcohol use disorder at a specialty facility in the past year.
- Percentage of traffic crash deaths involving a 15- to 20-year-old driver in which that driver had a blood alcohol content (BAC) of 0.01 or higher.

Possible additional state performance measures may include, but not be limited to, the measures proposed under Comprehensive Plan, Goal 3, “Topics for ICCPUD Consideration.”

**4. *Review the questions asked, and the data gathered, in the Survey of State Underage Drinking Prevention Policies, Programs, and Practices (i.e., the “State Survey” or the “Governor’s Survey”).***

The Subcommittee will evaluate the contents of the Governor’s Survey to ensure that the Survey collects data which serve the mission mandated by the STOP Act. To this end, the Subcommittee will conduct, but not be limited to, the following tasks:

- Reviewing all current questions for clarity and relevance to the STOP Act mandate.
- Reviewing the available 10 years of survey datasets, and annual analyses of aggregate survey data to determine whether the data collected are sufficiently clear and consistent to be useful.
- Consulting with a sample of state survey contacts to gather feedback on the utility of the data collected to the states’ efforts to prevent and reduce underage drinking and from that, determining which, if any, questions should be eliminated or modified.
- Identifying gaps in data collected and recommending new questions, including questions about emerging topics of interest. Such topics may include, but not be limited to, questions included in the Comprehensive Plan, Goal 3, “Recommendations for New Activities.”

Before making any changes to the Governor’s survey, the Subcommittee will take into consideration the impact that these changes may have on the consistency of data collected over the entire lifespan of the survey and the time and labor burden that these changes may place upon the survey respondents.

**5. *Review the content, the production, and the evaluation of the national adult-oriented media campaign to combat underage drinking – “Talk. They Hear You.”, and the feasibility of a youth-oriented media campaign.***

The Subcommittee will evaluate the approach, the methodologies, the contents, and the evaluation of the STOP Act mandated national adult-oriented media campaign – “Talk. They Hear You.”

To this end, the Subcommittee will conduct, but not be limited to, the following tasks:

1. Reviewing the overall themes and data expressed in the adult-oriented media campaign, “Talk. They Hear You.”
2. Identify new themes or data that should be expressed in the adult-oriented media campaign, “Talk. They Hear You.”

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3. Review the “Talk. They Hear You.” strategic communication plan that identifies strategies for implementation of the media campaign.
4. Discuss the feasibility of a youth-oriented media campaign and what that would entail, including contents and implementation plans.

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## **APPENDIX D**

### **Data Committee Responsibilities and Membership Responsibilities of the ICCPUD Data Committee**

The ICCPUD data committee provides specialized, expert guidance on facts and statistics on underage drinking, particularly those drawn from the NSDUH, MTF, YRBS, FARS, ARDI and other federal surveys and data sets, to the ICCPUD and to SAMHSA staff responsible for preparing the annual Report to Congress on the Prevention and Reduction of Underage Drinking, State Performance & Best Practices Report, and State Reports (collectively, “the Reports”). The data committee meets or participates in conference calls as needed to discuss data trends in underage drinking that should be addressed by the ICCPUD and to identify topics for inclusion in the Reports. The data committee meets annually to review and provide recommendations on drafts of the current year’s Reports. The data committee is also responsible for reviewing and providing input as needed on materials that summarize or relate to the reports or underage drinking in general, including fact sheets, talking points, or academic journal articles.

#### **ICCPUD Data Committee Membership Agencies**

- Centers for Disease Control and Prevention
  - National Center for Chronic Disease Prevention and Health Promotion
- Department of Defense
- National Highway Traffic Safety Administration
- National Institute on Alcohol Abuse and Alcoholism
  - Office of Science Policy and Communications
- National Institute for Drug Abuse
  - Office of Science Policy and Communications
  - Prevention Research Branch
  - Epidemiology Research Branch
- Office of National Drug Control Policy
- Substance Abuse and Mental Health Services Administration
  - Center for Substance Abuse Prevention
    - Division of Systems Development
  - Center for Behavioral Health Quality and Statistics
  - National Mental Health Substance Use and Policy Laboratory

## APPENDIX E

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